

November 25, 2002

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TWCC Medical Dispute Resolution  
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MDR Tracking #: M2 03 0319 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in neurosurgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 46 year old woman who was injured on her job lifting boxes weighing approximately 30 pounds in \_\_\_. By the next day she had severe pain in her neck and felt numbness and tingling in her arms. She had two epidural steroid injections which offered transient relief lasting approximately 3 weeks. Physical therapy as well had been proffered. She noted weakness and had several occasions where she dropped things with her left upper extremity. The pain radiates into the occipital region as well. She has also been diagnosed as having carpal tunnel syndrome. I reviewed the results of an August 21, 2002 post-discogram CT scan. C2-3, C6-7 and C7-T1 were normal. At C3-4, C4-5 and C5-6 there was no extravasations of contrast and at these levels there was no central spinal or foraminal stenosis seen.

I reviewed the results of an August 22, 2002 cervical myelogram which showed no extradural defects. I also reviewed the results of an August 22, 2002 post-myelogram CT scan of the cervical spine which showed no disc herniation or spinal stenosis. There was slight annular bulging at the C5-C6 level with minimal posterior osteophyte formation on the left. An August 13, 2001 MRI of the cervical spine showed C5-6 minimal spondylosis, disc desiccation and posterior central to left paracentral disc protrusion.

There was minimal bilateral neural foraminal stenosis and anterior disc bulging noted at this level as well.

It should be noted that on the exam of \_\_\_\_ dated June 16, 2002 there were no hard discreet neurological findings noted by him with reference to the cervical spine. A June 13, 2001 electrophysiological study demonstrated normal nerve conduction studies of the upper extremities bilateral.

Although in the June 2002 report of \_\_\_\_ he states that he is scheduling her for anterior cervical discectomy and fusion of at least C5-6, he subsequently states in his September 24, 2002 report his plan is for C3-4 cervical discectomy and fusion possibly to include as well a C3-4 and C5-6 anterior cervical discectomy and fusion. On December 11, 2001, \_\_\_\_ recommended C5-6 anterior cervical discectomy and fusion. The August 21, 2002 discogram revealed that C4-5 and C5-6 had negative pain provocation at C3-4 had concordant pain provocation.

#### REQUESTED SERVICE

The carrier has denied the medical necessity of a proposed Discectomy with Anterior Wide Decompression.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

In light of the paucity of neuroradiographically demonstrable findings, the negative electrophysiological tests of the upper extremities and the neurological examination of the cervical spine (which is normal), the presence of extensive subjective complaints alone will not warrant the need for an extensive cervical spine surgical procedure as outlined above. As well, there is quite a bit of conflicting data which bodes poorly for a good clinical outcome in a field where precise identification of the pain generator is tantamount to a successful surgical procedure. Although initial clinical impressions by two surgeons and as well subtle findings on MRI of the cervical spine appear to point to C5-6 as the area of abnormality which should be operated in an attempt to alleviate this woman's painful syndrome, subsequent pain provocation studies performed during discogram appear to point to the C3-4 disc as a possible pain generator. Therefore, this ultimately became the crux of the proposed cervical spine decompression and fusion. Without more hard, significant findings it would be difficult to justify the proposed cervical spine surgery at the present time.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).